

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

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NOV 24 2021

BY: JR

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Nov. 24, 2021

Case Number: 22-55

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR KARLA Lombana
Premise Name: University Pet Clinic
Premise Address: 1506 N Tucson Blvd
City: Tucson State: AZ Zip Code: 85716
Telephone: (520) 795-7016

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: CARRIE NAIG

Address: [REDACTED]

Zip: [REDACTED]

Home Telephone: [REDACTED] Work Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Krispin

Breed/Species: German Shepherd Mix

Age: approx 8 yrs Sex: Male-fixed Color: Brown + White

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Karla Lombana

*Holly Merker
Ann Adams*

*all @ University Pet Clinic
1506 N. Tucson Blvd
Tucson AZ 85716
(520) 795-7016*

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

My daughters:

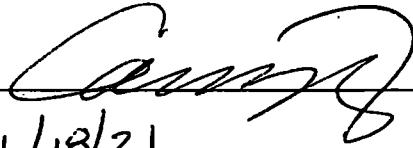
Kylie Naig

Kelsey Clodfelter

My daughters transported Krispin to + from appointments

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 11/18/21

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

enclosed

August 2, 2021 (Monday)

In Tucson, it is ridiculously hard to get a vet appointment. It has been that way all through COVID. You can't even get into a vet ER unless your pet is traumatically injured with a life or death injury. I took my dog, Krispin, to University Pet Clinic because I could not get an appointment with my regular vet. At that first visit, we saw Dr. Karla Lombana. I told her that Krispin has a history of spells of not eating, throwing up and getting dehydrated. Those were his issues on that day. I had been busy tending another one of our dogs who was elderly and dying and spent long hours waiting at an ER vet, and I didn't tend to Krispin soon enough. When he quits eating, if I get him to eat right away, he comes right out of it. Dr. Lombana and I agreed on giving Krispin fluids and medicines to soothe his stomach and expected him to recover quickly as he always had done in the past.

August 3, 2021 (Tuesday)

Krispin showed signs of improvement, so we thought we were on the right track. I had no complaints of the treatment Krispin had received thus far.

August 5, 2021 (Thursday)

Krispin only wanted to eat wet food, so I bought a canned version of his dog food from University Pet Clinic. He was still not totally normal, but better than he was when we were at the appointment. Then, that evening, we saw a piece of string coming out with Krispin's poop as he defecated. The string was still connected to more inside of him; he had very clearly not passed all of the string. I cut it off at his butt to prevent any further damage and saved it to show to the vet. It was a small amount of string, but we were horrified when we quickly figured out that it was embroidery floss. About a month before this, a plastic bobbin with 2 skeins of embroidery floss, 8 yards each, had gone missing. We had searched the house, but assumed it was down in a couch when we couldn't find it. We had no idea that Krispin had eaten it. Embroidery floss is multiple strands of strong thread twisted together, so we were very concerned. We are regular viewers of many veterinary TV shows like The Incredible Dr. Pol and have seen this exact situation have tragic results. I called University Pet Clinic immediately and told them that I was totally wrong and Krispin had actually eaten a large amount of string. They gave me an appointment for that coming Monday.

August 8, 2021 (Sunday)

Krispin stopped eating again.

August 9, 2021 (Monday)

My daughter and I saw Dr. Karla Lombana again, and we explained that I could not have been more wrong, that Krispin had definitely eaten a plastic bobbin and 16 yards of embroidery floss/string. I took a plastic bobbin and a different paper bobbin with thread/string on it to show her an example of what he had eaten. My example only had about 8 yards of embroidery floss wound onto it, so I explained that what he had eaten had double the amount of floss/string. I also showed her the small amount of string that I had cut off at his butt. I told her that there was a LOT more in him because he passed so little. My daughter said that we had been checking all dog poop in the yard for more string since he passed the small amount and no more had come through. I told Dr. Lombana that not only did we adore Krispin, but that I really needed him because he was a helper dog for another one of our dogs with behavior/anxiety issues. I said that we had seen this exact scenario on the Dr. Pol show, and knew it could go very bad for Krispin. I said we didn't want that for him, and that I would do whatever it takes to save this dog. Dr. Lombana said OK, well we don't want that for Krispin either, and that she wanted to take an x-ray. She did one while we were there and told us that she didn't see anything concerning, but wanted the radiologist to look at it as well. We had been able to get him to eat a small amount shortly

before his visit and she said she could tell that his supper had left his stomach. When she examined Krispin, she said that he was painful in his abdomen area. I said that he was unable to jump up into the car to come to the vet and we had to lift him into the car. She said the next step was to get an ultrasound to see if that showed anything. She also said getting an ultrasound appointment was going to be a challenge because they were so backed up.

I was confused. I knew that plastic and string wouldn't show on an ultrasound or x-ray. I felt the bobbin and string were way too big to pass on their own. I assumed that he would need an operation that day, but Dr. Lombana did not mention or recommend any surgery. I trusted that this vet, with all her education and experience, knew what she was doing. She said the ultrasound was the next step, so I thought this was the next step towards eventually operating. I explained that my husband and I were leaving on a previously scheduled out-of-state trip in the morning and that my 3 adult daughters, one of whom lived at the house with Krispin, would be tending Krispin while I was gone. I made sure she had my phone number and said I would return any calls if she left me a message or my daughters could pass on any messages to me if needed.

August 10, 2021 (Tuesday)

Dr. Lombana called and left me a message while we were flying. I called her back, and she said that she had pulled some strings and gotten an ultrasound appointment for Krispin on Thursday, 2 days away. She said it was a traveling ultrasound service that she had used before at a different office. I felt panicked that more days were passing, which meant more opportunities for the situation to get worse.

August 12, 2021 (Thursday)

One of my daughters dropped Krispin off at University Pet Clinic for his ultrasound appointment. She reminded the person that took him that he was there for an ultrasound because he had eaten string. They also did another set of lab work while he was there. Several hours later, the same daughter returned to pick up Krispin and get the results of the ultrasound. Since I was out of town, I was on speaker phone with my daughter and the vet. We met with Dr. Holly Merker, who I had not met and who, to my knowledge, had never seen Krispin. She said that during the ultrasound they had found evidence of kidney disease. I was floored. Kidney disease was the absolute least of my worries when my dog had eaten 16 yards of string on a plastic holder. She told us all about the kidney disease, and then seemed to be finished with her report. I asked, "What about the STRING?" She responded with, "What string? He ate string?" I said "YES! 16 YARDS of string!" She said "Oh, I didn't know that. I am just filling in for the ultrasound". She was not the vet that had seen him before and was clearly not aware of the facts of his case. She said string didn't show on the scan so it must have passed. My daughter assured her we were confident it had NOT passed because they had been carefully checking all of the dog poop and there had been no string in any of it. Since I had cut it off at his butt, I knew it was all still inside of him. I told Dr. Merker that I was floored and didn't know what to say. I said the whole reason for doing the ultrasound was to search for the string. Finding kidney damage did nothing to help solve his string problem. She said that we would have to wait for the official ultrasound results to know what the next steps would be. She didn't expect those results until possibly Monday.

We were left wondering exactly what information had been given to the person doing the ultrasound; if they were just told that Krispin was acting sick and not eating, the kidney disease would seem like the logical explanation with no further investigation or action necessary. It seemed as though we had paid for an ultrasound and waited those days for nothing! I was in a panic. I couldn't get Krispin into a different vet. I had to call 12 different vet offices just to get an appointment for 3 days out. Everyone was booked out weeks ahead. I knew he couldn't be taken to the ER – when I had been trying

to get an appointment for our elderly dog a week earlier, I was told that the ER vets in Tucson were only seeing animals that were bleeding/hit by a car/dying. We had no options.

August 15, 2021 (Sunday)

My daughter kept in close contact with me. Krispin was clearly getting worse. He was moving less and acted sad and painful. We had still not heard anything more about the ultrasound results and recommendations.

August 16, 2021 (Monday)

I called University Pet Clinic first thing in the morning and told them he was worse and needed to be seen. I said he had not eaten for 48 hours. There was no hurry to get him an appointment. I was told they would check with the vet and call me back. Several hours later, I still had not received a call. I called back to see what was happening. I was finally offered an appointment for that afternoon for just more fluids and nausea meds – no vet had time to see him. I took the appointment, even though I knew that was not what he needed. I hoped that SOMEONE would notice that he desperately needed help. My daughters dropped him so he could receive fluids, and luckily Dr. Annie Adams just happened to see Krispin and recognized that something was terribly, terribly wrong. He was barely walking, and was clearly in pain. She had just returned from a week of vacation and knew nothing about Krispin or what had been going on. She did more lab work, which showed his kidneys were fine. She also ordered more x-rays. Obviously Dr. Lombana's notes did not reflect the seriousness of his case and Dr. Adams was attempting to piece together the story from the very beginning. The results of his ultrasound had still not come in at this point. When my daughter returned to pick Krispin up that evening, Dr. Adams showed her the results of the lab work and x-rays and explained they indicated Krispin was critically ill. Dr. Adams had no idea about the 16 yards of embroidery floss and plastic bobbin until my daughter explained everything. My daughter immediately got me on the phone. Dr. Adams said the only way to know the extent of the damage was surgery. She offered to operate. We all agreed that if she got into surgery and discovered he was really bad off, she would not wake him up. Dr. Adams had 3 dogs to operate on that night, her first day back. All 3 of them were being operated on for obstructions. I wonder now if they were all 3 Dr. Lombana's patients. Krispin was in the worst shape, so she did him first. We feel that she tried her best. She made an effort to save him, unlike Dr. Lombana. Krispin survived the surgery, but we were told that there was a portion of his intestines that had significant damage. Dr. Adams left instructions with her staff that instead of going home, Krispin needed to be observed overnight by medical staff. Since University Pet Clinic doesn't offer overnight service, he needed to be transferred to an ER for overnight observation. My daughters picked him up and transferred him to the emergency care department at Veterinary Specialty Center of Tucson.

August 17, 2021 (Tuesday)

My daughter spoke to the ER vet over the phone early in the morning, a few hours after they dropped Krispin off. She was told that they had already needed to increase his pain medicine. At this point, we were under the impression that he would be well enough to come home later in the day. The ER vet was very busy, so we didn't hear more about Krispin until midday. She called to update me on his condition. I was told his pain meds had needed to be increased again, and that cases such as his typically need 2-3 days of round the clock, professional medical care. Even when he went home after that, they said he was facing a few weeks of long, slow recovery. When she told me all of this, I finally realized how bad off he was. Krispin was 9 years old, and that would be a cruel and painful experience for him. I told the ER vet that I do not believe in letting dogs, or any animals, suffer horribly. They are not people and do not understand what is going on. I am VERY against that. She listened to all my concerns and

explained things to the best of her ability and knowledge of the situation. I said that my daughters would come to see Krispin and would be deciding what we wanted to do. I wanted them to look at him for me. I was horrified when they sent pictures. We decided to put him down. He was obviously going downhill and we were not going to let him continue to suffer until he died. The ER vet never tried to talk us out of it; it was obvious what needed to be done. Dr. Adams' operation came far too late. Dr. Lombana had let things go on way too long and let too much damage be done.

August 18, 2021 (Wednesday)

The office manager from University Pet Clinic called to express their condolences because they had heard that Krispin had died. I yelled at her and told her that I really NEEDED Krispin because he was a helper dog for our other dog. I blamed Dr. Lombana for not operating all week long when I had showed her exactly what I KNEW Krispin had eaten. I was incredibly upset.

August 30, 2021 (Monday)

I sent a letter to University Pet Clinic explaining exactly why we were so angry and that we wanted all our money back.

September 8, 2021 (Wednesday)

We received a "Welcome to our Practice" card from University Pet Clinic and a discount coupon for a future visit. We were furious and found the card insensitive and insulting. They'd already killed one of our dogs and we had no intentions of returning.

September 9, 2021 (Thursday)

I sent their coupon back, along with another copy of my letter in case it had been lost in the mail. I again demanded that my questions to be answered.

September 14, 2021 (Tuesday)

Dr. Adams called me directly. She answered all of my questions that involved her part in Krispin's care. She was clear that the operation was a Hail Mary attempt to save Krispin, with not much hope of success. I told her that while I was upset at our miscommunication of exactly what Krispin would be facing post-surgery; my real anger was aimed at the first vet I saw, Dr. Karla Lombana. Dr. Adams was put in a terrible position by Dr. Lombana. Dr. Adams had just returned from vacation and was hit with a crisis situation she had no part in creating. I told her that she was the clean-up crew for the mess that Dr. Lombana had created by neglecting to give Krispin the care and treatment he needed. Dr. Adams was very helpful in answering the questions that she could. My one burning question was why didn't Dr. Lombana operate sooner? Why didn't she offer to operate the day we stood in front of her and showed her the embroidery floss? Dr. Adams had no idea why Dr. Lombana had not operated. She said that Krispin should have been operated on much sooner. I asked Dr. Adams, "If I had shown you the plastic bobbin and the thread that I KNEW Krispin ate and told you that I wanted you to do whatever it takes to save my dog, does that not mean that I will pay for an operation?" She said, "Yes, that is exactly what that means". She said that if I was sure that the bobbin and string was still inside him, which I had told Dr. Lombana that we were, she would have operated that day. I asked Dr. Adams how much pain Krispin had been in. She said that he would have been in terrible pain the entire week leading up to his surgery. If Dr. Adams had been at work, I would still have my beloved dog and my dog with behavior issues would still have his comfort and calming friend. Instead, Dr. Lombana allowed him to suffer needlessly.

October 6, 2021 (Wednesday)

It had been 3 weeks and University Pet Clinic had still not responded to my letter, so I called the office manager. She was confused, and said that they had been sending email updates to me. At my initial appointment, I had told the staff and had clearly written on their form that my email address was knaig@comcast.net. Apparently they took it upon themselves to change the beginning "k" to a "c" since my name starts with c. So she had sent all the email updates to the wrong address. She assumed that Dr. Adams had answered all my questions and that I had no further need to communicate with the University Pet Clinic staff. I said no, that I still had no answer as to WHY Dr. Lombana hadn't operated sooner. I said that I thought Dr. Lombana didn't believe me that the string was in there; otherwise she would have operated right away. The office manager communicated messages to me from Dr. Lombana, but the vet made no attempt to contact me herself. Obviously she didn't want to.

October 8, 2021 (Friday)

We hold Dr. Karla Lombana responsible for the death of Krispin. She could have operated that Monday, when we first brought him in, Tuesday, Wednesday, Thursday, when he was brought in for the ultrasound, or Friday and easily saved him. The ultrasound and x-ray results all show that his intestines were in great shape on all of those days. His condition did not dramatically deteriorate until the weekend. He would have had a MUCH smaller surgery with a significantly easier recovery if Dr. Lombana had done the surgery BEFORE the severe damage was done. Her excuse that she gave me, through the office manager, was that he was not bad enough to warrant surgery. So she was waiting until he was in a crisis, too late to be saved. She said she was following the advice of the professionals. I can only think that she was either too lazy to do a surgery or knew that she didn't have the ability to, and was too proud to ask for help. Waiting a week and then passing it off on someone else was low. She didn't want to deal with a crisis, so she declared it not a crisis and walked off.

I noticed on the x-ray paperwork that Dr. Lombana had told those performing the scan that Krispin ate string because it says "Krispin did eat some string (sewing thread on plastic spool) roughly 2 weeks prior and some has passed but not all of it".

Under history on the ultrasound report it only lists vomiting, diarrhea, lethargic, inappetence. No string is mentioned. This made me think that Dr. Lombana did not inform the visiting ultrasound staff about the string. Nowhere in the report does it mention string. I asked the office manager about that. This is the response I received from the office manager who talked to Dr. Lombana: "Dr. Lombana had provided Krispin's records prior to the ultrasound. The sonographer also read the Oncura report prior to the ultrasound, which states there was string. In addition, Dr. Lombana verbally discussed Krispin's case, including the string, with the sonographer prior to the ultrasound." I found this response odd. Why wouldn't the report mention the string if it was thoroughly covered by Dr. Lombana? So I called Veterinary Sonography Services, the traveling service that had performed the ultrasound. I talked with Darcie, the person who actually performed the ultrasound. She told me that the string was not mentioned on the original paperwork that she was given from Dr. Lombana. She had most of the ultrasound done when Dr. Lombana arrived and mentioned to her that Krispin had eaten some string but it may have already passed. Darcie had seen no evidence of string or string damage. Darcie admitted that she forgot to add the information about the string verbally mentioned to her by Dr. Lombana in her written report to Dr. Amy Roth-Jones, the person who wrote up the official report and recommendation for Dr. Lombana. Dr. Lombana also clearly made no effort to make sure that information got to the necessary individuals. So Dr. Amy Roth-Jones' recommendation was based only on the information that she was given, which did NOT include the string. Darcie said that she and Dr. Roth-Jones had been in touch with the office manager from University Pet Clinic several times and that

she and Dr. Roth-Jones had discussed this case several times and how everything had transpired. Darcie said that IF the string had been included on the report, Dr. Amy Roth-Jones would have written a different report and would have recommended further testing.

Dr. Lombana claimed she was basing her decision not to operate on the advice of the professionals. However, since Dr. Lombana did NOT include the information about the string on the original paperwork, she caused all of this professional advice to be skewed and inaccurate. She obviously did not consider it significant enough to include in the written paperwork, only worth mentioning in passing, that he MIGHT have eaten string, that it MAY have already passed. She said this DURING the procedure, when Darcie was performing the scan and focusing on her job. That is not the time to mention the possibility of string, something that could have serious complications. It was Dr. Lombana's responsibility as the vet in charge of Krispin's case to put string as the main concern on the report. It is Dr. Lombana that I hold responsible for the mistake, not the ultrasound staff. Dr. Lombana had been told in no uncertain terms that Krispin had definitely eaten string. It is in her notes. So didn't she find it odd that string was NOT mentioned ANYWHERE in the ultrasound report? If she is basing her decision to operate or not on this professional opinion, didn't it seem extremely significant that string was not a factor in the recommendation? Dr. Lombana had the option to operate herself, but she either didn't want to do the work, or couldn't. She could have chosen to transfer his case to one of the other doctors at University Pet Clinic to have them operate, or referred him for surgery elsewhere at a different facility. She did not do any of those choices. She did not even inform her co-workers at University Pet Clinic that she had a patient with a critical issue. Dr. Merker didn't know about the string on Thursday when she had to step in to give us the ultrasound report. Dr. Lombana was stalling. She was just kicking the can down the road. She was making the surgery someone else's problem. She let him get so bad that he died. Even though mistakes were made by other people involved in Krispin's case, I hold Dr. Lombana and her alone responsible for the death of Krispin. She neglected to make sure important information got to the right people, and refused to give him necessary care. My dog suffered horribly because of her, and she did not even try to save him. She let him suffer until it was too late and he died.

University Pet Clinic sent the case to their insurance, and it took them until the middle of November 2021 to make a decision on Krispin's case. In my original letter, I clearly asked for all of my money to be returned. I meant every charge from August 9th forward. The insurance company offered a refund on only the cost of the surgery. I had told the office manager that I planned on reporting Dr. Lombana to the Arizona Veterinary Licensing Board. University Pet Clinic and their insurance are only offering the refund on the surgery expense if I sign and agree not to report Dr. Lombana. The surgery was not the cause of Krispin's death. Dr. Lombana's treatment of Krispin from August 9th forward was the reason I lost my beloved dog. I will not accept University Pet Clinic's offer. That would leave Dr. Lombana to kill someone else's pet. We are still mourning the totally unnecessary and traumatic loss of Krispin, who we dearly loved. Our other dog is once again displaying anxiety and behavior issues because he misses his comfort dog. Dr. Lombana needs to be stopped. While I believe I deserve all my money back, holding Dr. Lombana accountable is far more important.

December 16, 2021

Arizona State Veterinary Medical Examining Board
1740 W Adams Street
Ste 4600
Phoenix AZ 85007

In re: 22-55 (Karla Lombana)

Dear Veterinary Medical Examining Board:

I periodically do relief work as a veterinarian at University Pet Clinic. While employed in that capacity, I provided veterinary care for Carrie Naig's 9-year-old male German shepherd mix Krispin.

Krispin first presented to me on Monday August 2nd 2021 at 5:00 pm. His physical exam was fairly unremarkable, but he had a history of diarrhea and vomiting. The owner indicated that Krispin has a history of gastrointestinal sensitivity, and that bouts of GI discomfort, with the described vomiting and diarrhea, were not unusual. She described that Krispin routinely has these issues, and requested that he receive some supportive care at that time. I specifically asked the owner if there was any possible foreign body ingestion and she said she was unaware of any but that he may have gotten table scraps from her grandchildren.

Given the history and presentation, we discussed radiographs, lab work (CBC and chemistry panels in house) as well as supportive care. With an otherwise unremarkable physical exam, supportive care alone was elected. Krispin received subcutaneous fluids and antiemetic medications, and went home.

I was not at UPC until the following Monday, August 9th 2021. According to the communications records, the owner had reported on August 6th that Krispin had been eating but had not defecated. The owner was told to try including pumpkin in his diet and, if there was no improvement, she was to call the practice the next day. The owner did not call the practice the next day.

When I returned on August 9th, I asked the technicians how Krispin had done following our treatment and when I was informed that he was still not eating regularly, I asked the technicians to see if the owner could bring Krispin back for a recheck exam. I saw Krispin later that afternoon/evening and it was on this visit that the owner disclosed, for the first time, that Krispin had ingested string approximately 1 month prior. She also indicated that Krispin had passed the string and had not vomited for the last week and a half. She said nothing about having cut the string directly from his rectum/anus.

Based upon Krispin's continued poor appetite and the new information about the ingestion of the string material, I recommended that abdominal radiographs be taken. Imaging confirmed no evidence of foreign body, so immediate exploratory surgery was not indicated. I also recommended that the x-rays be sent out for a consult with a board-certified veterinary radiologist. This was done to get a second opinion that the films did not show evidence of a foreign body. The

radiographs were sent out for review, and the report that was received the following morning, on Tuesday August 10th 2021, concluded that there were “[n]o obvious gastrointestinal foreign bodies or mechanical obstruction”. At this point, given this opinion from a board-certified radiologist, it would have been inappropriate and possibly an act of malpractice for me to recommend an exploratory surgery.

I called the owner on August 10th with the report findings of the radiologist and recommended that Krispin have follow up ultrasound imaging done with or referral to internal medicine specialist. I then personally called several veterinary specialty practices for appointments for Krispin. Services previously used by UPC had profound wait times (greater than 10 days). I then contacted Darcie Argentina with Veterinary Sonography Services, who was able to squeeze Krispin in for an in-house ultrasound that week (scheduled for Thursday August 12th). I again spoke with Mrs. Naig about referral to specialty center or pursuing imaging via ultrasound at UPC. Ultrasound at UPC was elected over referral due to projected wait at specialty centers as well.

On August 12th, Krispin was dropped off for abdominal ultrasound. Even though this was my last scheduled relief day and the case had been transferred to Dr. Holly Merker, I discussed the case with Dr. Merker and continued to follow Krispin’s case. In that regard, I was told that the initial findings on ultrasound showed evidence of renal changes, with possible dilation of some small bowel but no confirmation of a foreign body. I did not review the official report, as I was no longer at the clinic.

In closing, I wish to state that this case was handled appropriately. Not every patient with a history of foreign body ingestion goes immediately to surgery. Instead, I recommended appropriate diagnostics and referrals to determine if an invasive exploratory surgery was necessary. Those included radiographs, which were negative for a foreign body, a radiology consult, which concluded there was no evidence of a foreign body and then abdominal ultrasound, which showed no evidence of a foreign body. While I sympathize with the owner for her loss, I stand behind the veterinary care I provided for Krispin.

Sincerely,



Karla Lombana, DVM

Detailed Timeline of Treatment Krispin Naig

Monday August 2nd 2021(Evening 5pm)

I first met Mrs. Naig and Krispin on Monday August 2nd 2021 in the evening, around 5pm. Krispin's physical exam was fairly unremarkable, but he had a history of diarrhea and vomiting. Mrs. Naig described that Krispen has a history of gastrointestinal sensitivity, and that bouts of GI discomfort (such as the described vomiting and diarrhea) were not unusual. She described that Krispin routinely has these issues, and requested he receive some supportive care at that time. I asked if there was any possible foreign body ingestion, which she was not aware of. Discussed radiographs, labwork (CBC and Chemistry panels in house) as well as supportive care with Mrs. Krispin. With an otherwise unremarkable physical exam, supportive care alone was elected. Krispin received subcutaneous fluids and antiemetic medications, and went home. I made it clear that if Krispin hadn't shown substantial change in clinical signs after 24-48 hours he should be revisited or referred as vomiting and diarrhea often required more intervention than supportive care alone.

Monday August 9th 2021

I was not at UPC until the following Monday, August 9th 2021. That Monday I asked the technicians how Krispin had done following treatments a week prior. After discussions with Mrs. Naig I expected there to be a normal report or that she had returned as instructed for further evaluation and diagnostics (or been referred onto ER as the clinic was very busy). To my dismay I learned that Krispin had not improved tremendously, nor had he been seen by anyone else for a week. Krispin's vomiting had quieted; however, he was still not eating regularly. I urged the technicians to see if they were able to come in that day to be reassessed. (This is now over a week of vomiting/diarrhea and inappetence for the patient).

Reading over Mrs. Naig's statement, she claimed she discovered Krispin passing the string (and cut it from his rectum) Thursday the 5th, and called that day for an appt (Monday). There is no evidence of this, as Krispin did not have an appt scheduled until Monday the 9th when I asked the technicians to follow up on his case. Furthermore, had Mrs. Naig discovered him passing a linear foreign body, and called to update the staff at UPC, I am confident doctors and technicians would have either urgently recommended she return ASAP or recommended referral to ER for more rapid assessment.

I again, saw Krispin later that afternoon/evening where his owner then informed me of the string ingestion. She described to the technician that he had eaten the string a month prior (completely new information than initially presented) but then told me it was closer to 2 weeks prior, when the vomiting began. There was no mention of physically cutting the string from the rectum by the owners (as claimed throughout the documentation and correspondance with hospital manager).

With the ingestion of the string material we immediately took abdominal radiographs; however, there were not any glaring abnormalities (aside from the material in the gall bladder) or anything overwhelmingly suggestive of a foreign body. Optimistic that Krispen had passed the majority of the string, I still urged owners to have a board certified veterinary radiologist review the films

to double check there was no evidence of foreign body on radiograph. Radiographs were sent out for review, with the report available the following morning (Tuesday August 10th 2021). Mrs. Naig mentioned she would be flying/traveling that day.

Mrs. Naig's account of Monday August 9th include statements of cutting the string from his rectum and that she was confused, wondering about needing surgery that day. She never indicated or described cutting the string from his rectum. She did ask about surgery, and I did say that was a possibility, but one I'd like to avoid if we could, as Krispin was already medically compromised from over a week of vomiting/inappetence.

I discussed with the owners in the exam room that day some possibilities in Krispin's case. I described that typically string foreign bodies are some of the more dire or serious cases, as they can cause intesucception and other severe GI abnormalities. I also expressed some optimism, that as he had passed some of the string, it was possible that he had passed it all, and we were dealing now with residual IBD or other medical sources for the vomiting. I also expressed that taking a pet to surgery who didn't necessarily need to go, who had been compromised (i.e. vomiting/diarrhea and inappetence) for over a week would not be wise unless it was warranted. Owners seemed on board with this plan, relieved that the abdominal radiographs initially appeared to be clear, and awaited official radiologist report.

In Mrs. Naig's statement she indicates she was confused, that ultrasound was the next step toward operation. There was no discussion of stepwise diagnostics in order to pursue surgery, but rather, only moving to exploratory if warranted. Again, it was my hope that Krispin had passed the majority of the string sometime in the month prior (since suspected ingestion 3 weeks prior to presentation) and that we were dealing with IBD or other medical issues for the vomiting/nausea (including trauma from the remaining string being passed).

August 10th 2021

I called with the report findings and to check in on Krispin. Owner was traveling, but reported that he was a bit more amenable to eating that evening. The radiology report was summarized, including that no foreign body was seen or suspected, and they recommended a follow up abdominal ultrasound or referral. At the time I did mention an exploratory laparotomy was a possibility as well. I discussed options with Mrs. Naig including sending Krispin to Southern Arizona Veterinary Specialists (SAVS) for referral and aggressive hospitalization. She was not keen on the idea, as she wasn't certain if they accepted Care Credit. I told her I would try to see if I could find one of the ultrasonography services available on a more urgent basis, as most are routinely booked out weeks.

I called several veterinary referral services for estimated time for imaging. Services previously used by UPC had profound wait times (greater than 10 days). I then contacted Darcie Argentina with Veterinary Sonography Services, who was able to squeeze Krispin in for more urgent ultrasound that week (scheduled for Thursday August 12th). I did have the opportunity to speak with Mrs. Naig about referral to specialty center or pursuing imaging via ultrasound at UPC. Ultrasound at UPC was elected over referral due to projected wait at specialty centers and finances. At no point was Mrs. Naig anything but eager and grateful at the pace, as she

contradicts in her statements. She never asked anything about pursuit of surgery following radiologist confirmation that no foreign body was observed.

August 12th 2021

Thursday Krispin was dropped off for abdominal ultrasound. I had no communication with owners or daughters at that time. At that point I discussed the case with Dr. Holly Mercer, as my last scheduled relief day was that day, Thursday, August 12th. I did mention that the initial presentation was a suspected foreign body of string, but that it appeared from imaging that the string had passed, and we were searching for other causes for the inappetence and nausea.

I discussed Krispin's medical history with Darcie Argentina. I did not fill out any specific history form for her, but did discuss Krispin's overall history of suspected FB ingestion that did not show on radiographs. Discussed that he had passed some of the string, but that we were optimistic that he had potentially passed all of the string. I did provide her with the report and history from the radiologist reviewed X-Rays as well. I discussed his ongoing inappetence and need for some further diagnostics and direction on care on ultrasound.

Initial findings on ultrasound did indicate renal changes, with possible dilation of some small bowel. I did not review the official report, as I was no longer at the clinic. With the initial findings my thoughts were optimistic, hoping that Krispin had successfully passed the foreign body (as there was no evidence of imaging interpreted by specialists) but that his ongoing appetite changes were due to renal changes, rather than a foreign body issue. I had no other contact with Mrs. Naig as I transferred the patient to Dr. Mercer.

Mrs. Naig's statements about her discussions with Dr. Mercer seem to be completely different than the discussions she had with me on the 10th. After ultrasound I am confident that Dr. Mercer would have recommended referral if the patient's status would decline. Mrs. Naig claims that she knew that Krispin could not be taken to the ER, which is simply not the case. Referral centers in Tucson may be delayed with less critical patients, but could certainly have taken and hospitalized Krispin.

August 16th 2021

The following Monday I received notice that Krispin arrived and needed emergency surgery for foreign body surgery. I was truly shocked and heartbroken.

Truly I believed that Krispin had successfully passed the majority of the string before acting ill, as there was no other imaging evidence on radiograph or ultrasound for a foreign body.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Elizabeth Campbell, Assistant Attorney General

RE: Case: 22-55

Complainant(s): Carrie Naig

Respondent(s): Karla Lombana, DVM (License: 6280)

SUMMARY:

Complaint Received at Board Office: 11/24/21

Committee Discussion: 4/5/22

Board IIR: 5/18/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On August 9, 2021, "Krispin," an 8-year-old male German Shepherd mix was presented to Respondent for an exam. Complainant reported the dog had eaten embroidery string one month to 2 weeks prior. It was further reported that the dog had passed some of the string.

Radiographs were performed; no obvious evidence of a foreign body was noted by Respondent or the radiologist. Respondent recommended follow up with an ultrasound, with or referral to, an internal medicine specialist.

On August 12, 2021, an ultrasound was eventually scheduled to be performed by a mobile sonographer. The ultrasound showed evidence of renal changes but no confirmation of a foreign body.

On August 16, 2021, the dog underwent emergency surgery for a foreign body removal. Later that evening the dog was transferred to an emergency facility for continued care. The following day, the dog was humanely euthanized.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Carrie Naig
- Respondent(s) narrative/medical record: Karla Lombana, DVM
- Consulting Veterinarian(s) narrative/medical records: Annie Adams, DVM; Holly Merker, DVM; and VSCOT

PROPOSED 'FINDINGS of FACT':

1. On August 2, 2021, Respondent was doing relief work at the premises when the dog was presented to her for not eating, vomiting and dehydration. This was not Complainant's primary care veterinary premises and only presented to the dog to University Pet Clinic due to no appointments available with her regular veterinarian. Complainant reported that the dog had a history of gastrointestinal sensitivity and vomiting and diarrhea were not uncommon.
2. Upon exam, the dog had a weight = 64.2 pounds, a temperature = 101.4 degrees, a pulse rate = 120bpm, and a respiration rate = 80bpm. Respondent noted that the dog was quiet, dehydrated, and had a tense abdomen upon palpation. Complainant reported that the dog may have gotten table scraps from the grandchildren. The dog was currently on a GI diet. Due to the dog's history of a sensitive stomach, Respondent suspected the dog's vomiting was likely due to ingestion of some abnormal substance. Supportive care was recommended and approved. The dog was administered and discharged with the following:
 - a. 1 liter fluids SQ (type unknown);
 - b. Cerenia 3mLs (concentration not noted);
 - c. Cerenia 60mg, 4 tablets; give one tablet orally every 24 hours;
 - d. Metronidazole 250mg, 42 tablets; give 2 tablets orally every 8 hours for 7 days; and
 - e. Return for radiographs if dog continues to not eat or vomit.
3. On August 5, 2021, Complainant picked up canned i/d diet for the dog. The dog was still not eating normally, but had improved. Complainant stated that in the evening a string was passing from the dog's rectum – the string was still connected therefore Complainant cut the string off at the rectum. Not all of the string had passed. Complainant suspected that it was the embroidery floss that went missing a month previously, approximately 16 yards. According to Complainant, she called the premises and scheduled an appointment for August 9th.
4. On August 6, 2021, Complainant reported that the dog had been eating but had not passed any stool that day. It was recommended to try pumpkin in the dog's food that day and if the problem continued, Complainant should call. There was no mention of the dog eating embroidery thread or what Complainant saw the previous evening.
5. On August 9, 2021, Respondent was again doing relief work at the premises. She asked technical staff about the dog and was advised that the dog was not vomiting but also was not eating regularly. Respondent requested staff to ask Complainant to bring the dog in for a recheck. At this visit, Respondent stated that Complainant disclosed that the dog had ingested string approximately one month prior, approximately 16 yard of embroidery thread. After further discussion, Complainant felt it was closer to two weeks that the dog ingested the string.

Complainant also indicated that the dog had passed the string and had not vomited for the last week and a half. According to Respondent, Complainant did not mention having to cut the string directly from the rectum.

6. Upon exam, the dog had a weight = 65 pounds, a pulse rate = 120bpm, and a respiration rate = 30rpm; no temperature noted. Respondent noted some discomfort upon abdominal palpation. Radiographs were performed and did not show evidence of a GI foreign body therefore exploratory surgery was not indicated. Respondent discussed that typically string foreign bodies were some of the more dire or serious cases, as they can cause intussusception and other severe GI abnormalities. She was optimistic that the dog had passed some of the string and possibly passed all of it and the dog was now dealing with a residual IBD, or other medical sources for the vomiting. Respondent recommended sending the radiographs out to be reviewed by a radiologist. Complainant approved and the dog was discharged with Entice, an appetite stimulant, until the results came back from the radiologist.

7. The following day, Respondent called Complainant to report the findings from the radiologist. Complainant was traveling but advised the dog was a bit more amenable to eating that evening. Respondent told Complainant that the radiologist did not identify a foreign body and recommended a follow up abdominal ultrasound or referral. She mentioned that exploratory surgery was a possibility and discussed sending the dog to a specialist for referral and aggressive hospitalization. Complainant was reluctant. Respondent relayed that she would try to find an ultrasonography service understanding that most were booked out for weeks.

8. Respondent contacted several imaging providers and most had wait times of greater than 10 days. She found availability through Veterinary Sonography Services – ultrasonographer, Darcie Argentina (not a licensed veterinarian) – for Thursday, April 12, 2021. Complainant wanted to pursue an ultrasound over referral due to projected wait times at specialty centers and finances.

9. On April 12, 2021, the dog was dropped off for the abdominal ultrasound. Respondent discussed the case with Dr. Merker since this was her last scheduled relief day. She advised that on the initial presentation was a suspected foreign body of string, but it had appeared based on radiographs that the string had passed and they were searching for other causes for the anorexia and vomiting. Respondent also discussed the dog's medical history of suspected foreign body ingestion with Ms. Argentina. She continued that the dog had passed some of the string and they were optimistic that the dog passed all of the string. Respondent provided Ms. Argentina with the report and history from the radiologist.

10. The ultrasound was performed and the preliminary findings indicated renal changes with possible dilation of some small bowel. This information came from Ms. Argentina who is not a licensed veterinarian. Respondent was optimistic that the dog had passed the foreign material and the ongoing appetite inconsistencies were due to renal changes. At this point, Respondent had no further contact with Complainant. She did not see the official ultrasound report and the case was transferred to Dr. Merker. Blood and urine were collected and supported the dog had renal changes – Creatinine 2.6, BUN 41.

11. According to Complainant, when Dr. Merker discharged the dog that evening and was asked about the string/embroidery thread, she was unaware the dog had ingested the foreign object. Complainant was concerned that Respondent had not sufficiently updated the ultrasonographer or Dr. Merker. According to Dr. Merker, she was taken aback, as she was not fully aware that the string was still an issue, given the normal radiology report. She further stated that it was never communicated to her that the string had been cut from the dog's anus at any time. Dr. Merker explained that she would have the ultrasound report back in the next couple of days and this would hopefully give them more information about what was going on with the dog. If the dog did not improve, it was recommended the dog be seen at an emergency facility; hospitalization was also discussed if the dog was not improving.
12. On August 15, 2021, Complainant reported in her narrative that the dog was getting worse; was lethargic and in pain.
13. On August 16, 2021, Dr. Adams saw a note that the dog was not doing well. After reviewing the medical records and the suspected renal disease, she had staff contact the pet owner to offer SQ fluids and possible recheck. Later that day, the dog was dropped off by Complainant's daughter since Complainant was still out of town. The dog was reportedly worse – lethargic, not eating or drinking. Dr. Adams examined the dog, repeated blood work (no azotemia) and abdominal radiographs. Radiographs revealed severe gas dilation of multiple areas of small bowel. Due to the concern of an obstruction and the dog's condition, Dr. Adams recommended exploratory surgery or humane euthanasia.
14. Complainant relayed that the dog ate string and she had to cut the string the dog was trying to pass and could not. After discussion of options, Complainant elected to pursue surgery and possible euthanasia on the table pending the findings.
15. Dr. Adams performed surgery and found a linear foreign body from the stomach to cecum with intussusception of ileum into cecum. She was able to remove all the foreign material with three enterotomy and gastrostomy and reduce the intussusception. After the dog recovered from surgery, it was recommended to transfer the dog to an emergency facility for continued monitoring and care. The dog's prognosis was guarded.
16. Later that evening the dog was transferred to Veterinary Specialty Center of Tucson for post-surgical monitoring and care. The dog was hospitalized and given supportive care.
17. The following day, due to the dog's condition, the dog was humanely euthanized.
18. Complainant expressed concerns that the dog was not operated on sooner. Respondent stated that there was no indication for surgery at the time she was providing care to the dog.
19. The final ultrasound report provided by Dr. Roth-Jones showed no evidence of foreign material in the GI tract.

COMMITTEE DISCUSSION:

The Committee discussed that surgery should have been performed sooner; however, Respondent did everything correctly. Radiographs were performed and did not show evidence of a foreign body obstruction. An abdominal ultrasound was scheduled to confirm there was not a foreign body, which none was found.

It is difficult to blame Respondent for not performing surgery earlier when there was no evidence to support exploratory surgery.

On August 16th radiographs were performed and revealed an obvious obstruction. It was unfortunate that four days passed before the dog was seen again, however, that had nothing to do with Respondent.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

1 BEFORE THE ARIZONA STATE VETERINARY MEDICAL
2 EXAMINING BOARD

3 IN THE MATTER OF:) CASE No.: 22-55
4 KARLA LOMBANA, DVM)
5 HOLDER OF LICENSE NO. 6280) FINDINGS OF FACT,
6 FOR THE PRACTICE OF VETERINARY) CONCLUSIONS OF LAW
7 MEDICINE IN THE STATE OF ARIZONA,) AND ORDER
8 RESPONDENT.)
9

10 The Arizona State Veterinary Medical Examining Board ("Board")
11 considered this matter at its public meeting on June 15, 2022. Karla Lombana,
12 DVM ("Respondent") appeared telephonically on her own behalf for an
13 Informal Interview that was held pursuant to the authority vested in the Board
14 by A.R.S. § 32-2234(A) and was represented by attorney, David Stoll, Esq. After
15 due consideration of the evidence, the arguments and the applicable law, the
16 Board voted to issue the following Findings of Fact, Conclusions of Law and
17 Order ("Order").

FINDINGS OF FACT

18 1. Respondent is the holder of License No. 6280 and is therefore authorized
19 to practice the profession of veterinary medicine in the State of Arizona.
20 2. On August 2, 2021, Respondent was doing relief work at the premises
21 when "Krispin," an 8-year-old male German Shepherd mix was presented to her
22 for not eating, vomiting and dehydration. This was not Complainant's primary
23 care veterinary premises and only presented to the dog to University Pet Clinic
24 due to no appointments available with her regular veterinarian. Complainant
25

1 reported that the dog had a history of gastrointestinal sensitivity and vomiting
2 and diarrhea were not uncommon.

3 3. Upon exam, the dog had a weight = 64.2 pounds, a temperature = 101.4
4 degrees, a pulse rate = 120bpm, and a respiration rate = 80bpm. Respondent
5 noted that the dog was quiet, dehydrated, and had a tense abdomen upon
6 palpation. Complainant reported that the dog may have gotten table scraps
7 from the grandchildren. The dog was currently on a GI diet. Due to the dog's
8 history of a sensitive stomach, Respondent suspected the dog's vomiting was
9 likely due to ingestion of some abnormal substance. Supportive care was
10 recommended and approved. The dog was administered SQ fluids and
11 Cerenia and discharged with Cerenia and Metronidazole tablets:

12 4. On August 5, 2021, Complainant picked up canned i/d diet for the dog.
13 The dog was still not eating normally, but had improved. Complainant stated
14 that in the evening a string was passing from the dog's rectum – the string was
15 still connected; therefore, Complainant cut the string off at the rectum. Not all
16 of the string had passed. Complainant suspected that it was the embroidery
17 floss that went missing a month previously, approximately 16 yards. According
18 to Complainant, she called the premises and scheduled an appointment for
19 August 9th.

20 5. On August 6, 2021, Complainant reported that the dog had been eating
21 but had not passed any stool that day. It was recommended to try pumpkin in
22 the dog's food that day and if the problem continued, Complainant should
23 call. There was no mention of the dog eating embroidery thread or what
24 Complainant saw the previous evening.

1 6. On August 9, 2021, Respondent was again doing relief work at the
2 premises. She asked technical staff about the dog and was advised that the
3 dog was not vomiting but also was not eating regularly. Respondent requested
4 staff to ask Complainant to bring the dog in for a recheck. At this visit,
5 Respondent stated that Complainant disclosed that the dog had ingested
6 string approximately one month prior, approximately 16 yard of embroidery
7 thread. After further discussion, Complainant felt it was closer to two weeks that
8 the dog ingested the string. Complainant also indicated that the dog had
9 passed the string and had not vomited for the last week and a half. According
10 to Respondent, Complainant did not mention having to cut the string directly
11 from the rectum.

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13 and a respiration rate = 30rpm; no temperature noted. Respondent noted
14 some discomfort upon abdominal palpation. Radiographs were performed and
15 did not show evidence of a GI foreign body; therefore, exploratory surgery was
16 not indicated. Respondent discussed that typically string foreign bodies were
17 some of the more dire or serious cases, as they can cause intussusception and
18 other severe GI abnormalities. She was optimistic that the dog had passed
19 some of the string and possibly passed all of it and the dog was now dealing
20 with a residual IBD, or other medical sources for the vomiting. Respondent
21 recommended sending the radiographs out to be reviewed by a radiologist.
22 Complainant approved and the dog was discharged with Entice, an appetite
23 stimulant, until the results came back from the radiologist.

24 8. The following day, Respondent called Complainant to report the findings
25 from the radiologist. Complainant was traveling but advised the dog was a bit

1 more amenable to eating that evening. Respondent told Complainant that the
2 radiologist did not identify a foreign body and recommended a follow up
3 abdominal ultrasound or referral. She mentioned that exploratory surgery was a
4 possibility and discussed sending the dog to a specialist for referral and
5 aggressive hospitalization. Complainant was reluctant. Respondent relayed
6 that she would try to find an ultrasonography service understanding that most
7 were booked out for weeks.

8 9. Respondent contacted several imaging providers and most had wait
9 times of greater than 10 days. She found availability through Veterinary
10 Sonography, ultrasonographer, Darcie Argentina, for Thursday, April 12, 2021.
11 Complainant wanted to pursue an ultrasound over referral due to projected
12 wait times at specialty centers and finances.

13 10. On April 12, 2021, the dog was dropped off for the abdominal
14 ultrasound. Respondent discussed the case with Dr. Merker since this was her
15 last scheduled relief day. She advised that on the initial presentation was a
16 suspected foreign body of string, but it had appeared based on radiographs
17 that the string had passed and they were searching for other causes for the
18 anorexia and vomiting. Respondent also discussed the dog's medical history of
19 suspected foreign body ingestion with Ms. Argentina. She continued that the
20 dog had passed some of the string and they were optimistic that the dog
21 passed all of the string. Respondent provided Ms. Argentina with the report and
22 history from the radiologist.

23 11. The ultrasound was performed and the preliminary findings indicated
24 renal changes with possible dilation of some small bowel. Respondent was
25 optimistic that the dog had passed the foreign material and the ongoing

1 appetite inconsistencies were due to renal changes. At this point, Respondent
2 had no further contact with Complainant. She did not see the official
3 ultrasound report and the case was transferred to Dr. Merker. Blood and urine
4 were collected and supported the dog had renal changes – Creatinine 2.6,
5 BUN 41.

6 12. According to Complainant, when Dr. Merker discharged the dog that
7 evening and was asked about the string/embroidery thread, she was unaware
8 the dog had ingested the foreign object. Complainant was concerned that
9 Respondent had not sufficiently updated the ultrasonographer or Dr. Merker.
10 According to Dr. Merker, she was taken aback, as she was not fully aware that
11 the string was still an issue, given the normal radiology report. She further stated
12 that it was never communicated to her that the string had been cut from the
13 dog's anus at any time. Dr. Merker explained that she would have the
14 ultrasound report back in the next couple of days and this would hopefully give
15 them more information about what was going on with the dog. If the dog did
16 not improve, it was recommended the dog be seen at an emergency facility;
17 hospitalization was also discussed if the dog was not improving.

18 13. On August 15, 2021, Complainant reported in her narrative that the dog
19 was getting worse; was lethargic and in pain.

20 14. On August 16, 2021, Dr. Adams saw a note that the dog was not doing
21 well. After reviewing the medical records and the suspected renal disease, she
22 had staff contact the pet owner to offer SQ fluids and possible recheck. Later
23 that day, the dog was dropped off by Complainant's daughter since
24 Complainant was still out of town. The dog was reportedly worse – lethargic,
25 not eating or drinking. Dr. Adams examined the dog, repeated blood work (no

1 azotemia) and abdominal radiographs. Radiographs revealed severe gas
2 dilation of multiple areas of small bowel. Due to the concern of an obstruction
3 and the dog's condition, Dr. Adams recommended exploratory surgery or
4 humane euthanasia.

5 15. Complainant relayed that the dog ate string and she had to cut the
6 string the dog was trying to pass and could not. After discussion of options,
7 Complainant elected to pursue surgery and possible euthanasia on the table
8 pending the findings.

9 16. Dr. Adams performed surgery and found a linear foreign body from the
10 stomach to cecum with intussusception of ileum into cecum. She was able to
11 remove all the foreign material with three enterotomy and gastrostomy and
12 reduce the intussusception. After the dog recovered from surgery, it was
13 recommended to transfer the dog to an emergency facility for continued
14 monitoring and care. The dog's prognosis was guarded.

15 17. Later that evening the dog was transferred to Veterinary Specialty
16 Center of Tucson for post-surgical monitoring and care. The dog was
17 hospitalized and given supportive care.

18 18. The following day, due to the dog's condition, the dog was humanely
19 euthanized.

20 19. The final ultrasound report provided by Dr. Roth-Jones showed no
21 evidence of foreign material in the GI tract.

22 20. The Board found that given the dog's symptoms, history, painful
23 abdomen and the fact that linear foreign bodies can have negative
24 radiographic findings until it causes damage, Respondent deviated from the
25 standard of care by not performing surgery on the dog on August 9th. The

1 Board noted that Respondent's failure to timely perform surgery resulted in
2 major complications. The Board also noted that barium radiographs could
3 have been taken since there was concern that an ultrasound could not be
4 timely performed.

5 **CONCLUSIONS OF LAW**

6 21. The conduct and circumstances described in the Findings of Fact above,
7 constitutes a violation of **A.R.S. § 32-2232(11)** Gross negligence; failure to
8 recognize the need for surgical intervention which resulted in a delay that led
9 to major complications in the patient's care.

10 **ORDER**

11 Based upon the foregoing Findings of Fact and Conclusions of Law it is
12 **ORDERED** that Respondent's License, No. 6280 be placed on **PROBATION** for a
13 period of one (1) year, subject to the following terms and conditions that shall
14 be completed within the Probationary period. These requirements include three
15 (3) total hours of continuing education (CE) detailed below:

16 1. **IT IS ORDERED THAT** Respondent shall provide written proof satisfactory to
17 the Board that she has completed three (3) hours of continuing education (CE);
18 hours earned in compliance with this order shall not be used for licensure
19 renewal. Respondent shall satisfy these three (3) hours by attending CE in the
20 area of gastrointestinal foreign bodies. Respondent shall submit written
21 verification of attendance to the Board for approval prior to the end of the
22 Probationary period.

23 2. **All continuing education to be completed for this Order shall be pre-**
24 **approved by the Board.** Respondent shall submit to the Board a written outline
25 regarding how she plans to satisfy the requirements in paragraph 1 for its

1 approval within sixty (60) days of the effective date of this Order. The outline
2 shall include **CE course details** including, **name, provider, date(s), hours of CE to**
3 **be earned, and a brief course summary.**

4 3. Respondent shall obey all federal, state and local laws/rules governing
5 the practice of veterinary medicine in this state.

6 4. Respondent shall bear all costs of complying with this Order.

7 5. This Order is conclusive evidence of the matters described and may be
8 considered by the Board in determining an appropriate sanction in the event a
9 subsequent violation occurs. In the event Respondent violates any term of this
10 Order, the Board may, after opportunity for Informal Interview or Formal
11 Hearing, take any other appropriate disciplinary action authorized by law,
12 including suspension or revocation of Respondent's license.

13 **NOTICE OF APPEAL RIGHTS**

14 Respondent is hereby notified that she has the right to request a
15 rehearing or review of the Order by filing a motion with the Board's Executive
16 Director within 30 days after service of this Order. Service of the Order is
17 effective five days after the date of mailing to Respondent. See A.R.S. § 41-
18 1092.09. The motion must set forth legally sufficient reasons for granting a
19 rehearing or review. A.A.C. R3-11-904. If a motion for rehearing or review is not
20 filed, the Board's Order becomes final 35 days after it is mailed to Respondent.
21 Respondent is further notified that failure to file a motion for rehearing or review
22 has the effect of prohibiting judicial review of the Order, according to A.R.S. §
23 41-1092.09(B) and A.R.S. § 12-904, et seq.

24 Dated this 1st day of August, 2022.

25 Arizona State Veterinary Medical Examining Board
Jessica Creager

1 Chairperson

2 By: 

3 Victoria Whitmore, Executive Director

4

5 Original of the foregoing filed this 1st day of August, 2022
with the:

6

7 Arizona State Veterinary
Medical Examining Board
8 1740 W. Adams St., Ste. 4600
Phoenix, Arizona 85007

9

10 Copy of the foregoing sent by certified, return receipt mail
11 this 1st day of August, 2022 to:

12 Karla Lombana, DVM
13 Address on file
14 Respondent

15 this 1st day of August, 2022 to:

16 David Stoll, Esq.
17 Beaugureau, Hancock, Stoll and Schwartz, PC
18 302 E. Coronado Rd
Phoenix, Arizona 85004

19

20 By: 
Board Staff

DOUGLAS. A DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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VETBOARD.AZ.GOV

IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the June 15, 2022, meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 22-55, In Re: Karla Lombana, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

Dismiss this issue with no violation.

Following the informal interview with Respondent, the Board rejected the Investigative Committee's recommendation and voted to find Dr. Lombana in violation of **A.R.S. § 32-2232 (11)** Gross negligence; failure to recognize the need for surgical intervention which resulted in a delay that led to major complications in the patient's care.

Respectfully submitted this 28th day of September, 2022.

Arizona State Veterinary Medical Examining Board



Darren Wright, DVM – Acting Chair